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PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031  
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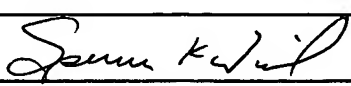
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/046854
	<b>Filing Date</b>	Jan 15, 2002
	<b>First Named Inventor</b>	Mark S. Detrick
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	END920010100US1


**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Correspondence Address Indication Form
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Spencer K. Warnick - Reg. No. 40398 Hoffman, Warnick & D'Alessandro LLC		
<b>Signature</b>			
<b>Date</b>	August 1, 2002		

**CERTIFICATE OF MAILING**

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PTO/SB/121 (10-00)

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☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s) :

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/046,854		1/15/2002

Typed or Printed Name	Spencer K. Warnick	<b>(check one)</b> <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of record 40,398 (Reg. No.)
Signature		
Date	August 1, 2002	
Address of signer: Hoffman, Warnick & D'Alessandro LLC Three E-Comm Square, Albany, NY 12207		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below \*.

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